07473

Evidence for change of age shown on:

FILM No. G 126 JUL 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Elias (Last) Barber
4. DATE OF DEATH (Month) July (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 13-1869-80
9. AGE last birthday 80 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm tenant
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Barber
14. MOTHER'S MAIDEN NAME Catherine King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Florence Williamson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	1 hour
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
(CITY OR TOWN) Park Hall (COUNTY) St Marys (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Lexington Park, Md. DATE SIGNED 7/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF July 11-1950
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Prince Georges (State) Md
DATE REC'D BY LOCAL REG. 7/10/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 19 1950
BUREAU Y. S.

07474

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Palmers
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Palmers
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Francis	Brown	July	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	April 8-1876	74 yrs.	3	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oyster + crabs	Maryland St Marys	U.S.A.

13. FATHER'S NAME: Frank Brown
14. MOTHER'S MAIDEN NAME: Georgeana Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Frank Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles E. Lee	M.D.	Wrightsville Md.	7/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 17-50	Sacred Heart	Buck Wood St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 14/50	Emmalee	Jos C. Mattingley Leonardtown Md	40099

RECEIVED
JUL 17 1950
BUREAU W. S.

07475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 287

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN: ST. GEORGES ISLAND
MARYLAND
LENGTH OF STAY (in this place): 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ST. GEORGES ISLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) GASTON (Last) CUTHEMBER

4. DATE OF DEATH: (Month) JULY (Day) 29 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 4 1950

9. AGE last birthday: yrs. If under 1 year Months: 3 Days: 25 If under 24 hrs. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Roy CUTHEMBER

14. MOTHER'S MAIDEN NAME: AUSTRALIA RICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 24 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

491x
108

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/29, 1950, to 7/29, 1950, that I last saw the deceased alive on 7/29, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.L. Thompson M.D. Lexington Park, Md. 7/30/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 7/30/50
NAME OF CEMETERY OR CREMATORY: ST. GEORGES
LOCATION (City, town, or county) (State): VALLEY LEE MD.

DATE REC'D BY LOCAL REG. 7/30/50
REGISTRAR'S SIGNATURE: Cancelled

24. FUNERAL DIRECTOR ADDRESS: JOS. C. MATTINGLEY LEONARDTOWN MD.

1-0-4-04-0-29-5-40-4

RECEIVED
AUG 1 1960
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

07476

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St Marys; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (In this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore city
STREET ADDRESS (If rural, give location) 2636 North Calvert St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Collins	Arthur	Flannery	July	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Dec 7-1913	36 yrs.	7	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Salesman	Maryland Balto City	U.S.a.

13. FATHER'S NAME: William Joseph Flannery
14. MOTHER'S MAIDEN NAME: Agnes Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	army		Blakely W. Flannery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause (a) Multiple extreme injuries	1 week
170 C Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uraemia	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Laurel Bowie	St. Mary's	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☑	Not while at work ☐	HOW DID INJURY OCCUR?
7	6	50	12:30 p.m.			auto collision

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin L. Jones	MD	Wright Park Md.	7/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 17-1950	New Cathedral	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/14/50	Canceled	Evans Funeral Home	Baltimore Md 27860

RECEIVED
JUL 15 1950
U.S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07477

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place) 2yrs. 2mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houston
STREET ADDRESS (If rural, give location) 130 Dillard Street

3. NAME OF DECEASED (Type or Print) (First) Enos (Middle) Pierce (Last) FOUST

4. DATE OF DEATH (Month) July (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9-23-23
9. AGE last birthday 26 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Navy
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Texas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME (deceased) Enos Pierce Foust
14. MOTHER'S MAIDEN NAME Frances Catherine Scrogin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 7-7-41 to present (If year, give war or dates of service)
16. SOCIAL SECURITY No. –
17. INFORMANT AND ADDRESS Betty Jane Foust (wife) 130 Dillard St. Houston, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonitis, Acute, Hemorrhagic	2 hours.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

492x

108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Passive Congestion, lungs, liver, pancrease, spleen, kidneys and brain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1950, to 15 July, 1950, that I last saw the deceased alive on 15 July, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

SIGNATURE Paul Vaughan (Degree or title) ADDRESS DATE SIGNED
PAUL VAUGHAN, CAPTAIN MC USN USNAS, Patuxent River, Maryland 7-17-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 7-19-50 NAME OF CEMETERY OR CREMATORY Arlington Nat. LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REG. 7/18/50 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR S.B. Robinson ADDRESS Leonardtown Md.

60846

RECEIVED
JUL 20 1950
BUREAU V. S.

07478

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hollywood
STREET ADDRESS (If rural, give location) R F D #1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Joseph (Last) Goodwin

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-30-1950
9. AGE last birthday — yrs. If under 1 year: Months — Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Thomas A. Goodwin
14. MOTHER'S MAIDEN NAME Elizabeth J. Mins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Thomas Goodwin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772.5 Immediate cause (a) Prematurity (32 weeks) me Nutrition

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1950, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 11.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Beam M.D. ADDRESS Great Mills, Md. DATE SIGNED 7-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 19-50
NAME OF CEMETERY OR CREMATORY St. Andrews
LOCATION (City, town, or county) (State) near Leonardtown Md.

DATE REC'D BY LOCAL REG. 7-19-50
REGISTRAR'S SIGNATURE P. J. Beam M.D.
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown Md

2-0-6-30-0-31-4-36-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07479

Reg. Dist. No. 2 1 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: St Marys' — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: US Naval Disp Nas Patuxent River Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park.
STREET ADDRESS (If rural, give location): Cedar Park Trailer Camp - Lot 20a

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helmuth	Justin	Graves	July	24th	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	W	S	7/23/50	yrs.			6	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Patuxent River, Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Earl Eugene Graves	Renee Pamblanco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Father — VR-1 Squadron NAS Patuxent River Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia	6 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	—
761.5 / 160 c	(c) Premature rupture of amniotic sac.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/23, 1950, to 7/24, 1950, that I last saw the deceased alive on 7/24, 1950, and that death occurred at 12:02A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel M. Shook	M.D.	Dispensary USNAS Patuxent River	7/24/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-27-50	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/26/50	Cancelled	C. B. Robinson	Leonardtown Md

2-0-7-23-0-25-1-28-0

RECEIVED
JUL 28 1950
BUREAU V. S.

07480

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown; LENGTH OF STAY (in this place) 2 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morganza; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) William Lee (Last) Herbert

4. DATE OF DEATH: (Month) Jul (Day) 27 (Year) 1950

5. SEX: M

6. COLOR OR RACE: col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: 7/27/50

9. AGE last birthday: yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. 2 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Raymond Augustus Herbert

14. MOTHER'S MAIDEN NAME: Elizabeth Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity (5 mos)

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Separation of Placenta

160c (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27, 1950, to 7/27, 1950, that I last saw the deceased alive on 7/27, 1950, and that death occurred at 12:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank A. Camalier MD

ADDRESS Leonardtown Md

DATE SIGNED 7/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/27/50

NAME OF CEMETERY OR CREMATORY St. Peters

LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 7/27/50

REGISTRAR'S SIGNATURE Camalier

24. FUNERAL DIRECTOR Susie Herbert

ADDRESS Morganza Md

2-0-7-27-0-23-3-22-0

RECEIVED
JUL 27 1950
BUREAU V. S.

07481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mechanicsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Jetson (Last) Holt			4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1950		
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 3/24/1875	9. AGE last birthday: 75 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor	10b. KIND OF BUSINESS OR INDUSTRY: Farming		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: James Holt			14. MOTHER'S MAIDEN NAME: Lucy Young		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Mae L. Holt Mechanicsville, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177x Immediate cause (a) Uremia

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma prostate — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to July 11, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE: Roy Guyther (Degree or title) MD — ADDRESS: Mechanicsville — DATE SIGNED: 7/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE: 7/14/50	NAME OF CEMETERY OR CREMATORY: St. Joseph	LOCATION (City, town, or county): Morganza (State): Md.
DATE REC'D BY LOCAL REG.: 7/14/50	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR: P. B. Robinson	ADDRESS: Leonardtown, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 15 1950
BUREAU U. S.

07482

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Palmer — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Palmer
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Belle	(Last) Jones	4. DATE OF DEATH	(Month) 7	(Day) 14	(Year) 1950
5. SEX Fem	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6-29-1907	9. AGE last birthday 43 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Conn. Thomas Ala.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Daniel William Son			14. MOTHER'S MAIDEN NAME Anna Daniels				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT William Francis Jones				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Pulmonary Thrombosis	Sudden, 3 yrs.
111a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22-, 1950, to 7-14-, 1950, that I last saw the deceased ~~alive~~ dead on 7-14-, 1950 and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. Palmer		Avenue Md.	7-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-18-50	NAME OF CEMETERY OR CREMATORY All Saints Cem.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 7-15-50	REGISTRAR'S SIGNATURE N. V. Palmer	24. FUNERAL DIRECTOR Joseph C. Mattingly	ADDRESS Tenth Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU OF S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

07483

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) Mary Ellen (Last) Key

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1854

9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY House wife

11. BIRTHPLACE (State or foreign country) Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Cole

14. MOTHER'S MAIDEN NAME Elizabeth Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Sarah Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — 1 day

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME (Month) (Day) (Year) (Hour) OF INJURY none m.

INJURY OCCURRED While at work ☐ Not while at work ☐ none

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Dave M.D. ADDRESS Lexington Park, Md. DATE SIGNED 7/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 15-1950

NAME OF CEMETERY OR CREMATORY St Peter's Clayvers

LOCATION (City, town, or county) Ridge St Marys (State) Md

DATE REC'D BY LOCAL REG. 7/13/50

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Joe C. Mattingly ADDRESS Leonardtown Md

RECEIVED
JUL 15 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07484

CERTIFICATE OF DEATH

Reg. Dist. No. 2?

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY St Marys	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville	LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville	
STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	(First) Albert	(Middle) Kingsley	(Last) Mattingly	4. DATE OF DEATH	(Month) July	(Day) 29	(Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH April 20-1874	9. AGE last birthday 76 yrs.	If under 1 year Months 3	Days 9	If under 24 hrs. Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland St Marys	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Mattingly		14. MOTHER'S MAIDEN NAME Lettie Jarboe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Kingsley Mattingly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1120.1 Immediate cause	(a) Coronary occlusion	1 week
Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis -	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1949, to July, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 10:01 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Roy Gaither, MD	Mechanicsville	7/29/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 1-1950	Mt Zion	Funeral Home St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/50	Canceled	Jos C. Mattingly	Leonardtown Maryland

RECEIVED
AUG 1 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07485

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St.Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: U.S.NAS, PATUXENT RIVER, MD
LENGTH OF STAY (In this place): 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary, USNAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St.Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: USNAS, Patuxent River, Md
STREET ADDRESS (If rural, give location): MEMO 707 F

3. NAME OF DECEASED (Type or Print): (First) Andre (Middle) Michael (Last) McCord TWIN #2

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 23 1950

9. AGE last birthday: – yrs. If under 1 year: Months. – Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): USNAS, Patuxent River, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John William McCord

14. MOTHER'S MAIDEN NAME: Sarah Lee Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Father, USNAS, Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
492 Immediate cause	(a) Pneumonitis, Acute Hemorrhagic	Immediate
Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): –

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): –

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): – m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR?: ----

22. I hereby certify that I attended the deceased from Unattended, 19 –, to –, 19 –, that I last saw the deceased Not seen alive ~~alive on~~ ....., 19....., and that death occurred at 7:20 Am., from the causes and on the date stated above.

SIGNATURE: P.J. BEAN (Degree or title): M.D. ADDRESS: Great Mills, Md. DATE SIGNED: 7-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE: 7-23-50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): La Grange, Georgia

DATE REC'D BY LOCAL REG.: 7-22-50 — REGISTRAR'S SIGNATURE: P.J. Beany M.D.

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson, Leonardtown, Md.

2-1-6-22-0-35-4-36-2

RECEIVED
JUL 25 1950
BUREAU V. S.

07486

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Hollywood
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Patricia (Middle) ~~Infant~~ Elizabeth (Last) Neill

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July, 18-1950
9. AGE last birthday — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Howard Neill
14. MOTHER'S MAIDEN NAME Lilly M. Weeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Joseph Howard Neill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

774 x

Immediate cause (a) Premature birth; cardiac insufficiency

Antecedent cause(s)

159

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1950, to 7-18, 1950, that I last saw the deceased alive on 7-18, 1950, and that death occurred at 12 mid night m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beaux M.D. ADDRESS Great Mills, Md. DATE SIGNED 7-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 21-50
NAME OF CEMETERY OR ~~CREMATORY~~ Cedar Hill
LOCATION (City, town, or county) Brooklyn, (State) Md

DATE REC'D BY LOCAL REG. 7-20-50
REGISTRAR'S SIGNATURE P.J. Beaux M.D.
24. FUNERAL DIRECTOR Jos. C. Mattingly ADDRESS Leonardtown Md.

2-0-7-18-0-38-6-32-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1950
BUREAU V. S.

07487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
LENGTH OF STAY (in this place): 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Dispensary Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Iowa — COUNTY: Polk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Des Moines
STREET ADDRESS (If rural, give location): 920 Buchanan St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Oscar	ROBINSON	July 17 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-3-17	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy	-	Iowa	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bruce Robinson	Margaret Reiner (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes Nov. 1940 to present	-	Donald Robinson (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, Hypostatic	4 days
Antecedent cause(s)	(b) Hemorrhage, Traumatic, Intra-Peritoneal	6½ days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Rupture, Traumatic, Spleen	6½ days

819.5
1708

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 10, 1950	Rupture of spleen with Intra-Peritoneal hemorrhage	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Highway #235	4 mi. north of Naval Air Station		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
July 10, 1950 6:30 p.m.		Automobile accident. - Collision with fixed object

22. I hereby certify that I attended the deceased from July 10, 1950 to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Vaughan PAUL VAUGHAN, CAPTAIN MC USN	USNAS, PATUXENT RIVER, MARYLAND	7-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-19-50	Arlington Nat.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/18/50	[illegible]	C.B. Robinson	Leonardtown Md.

60896

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JUL 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07488

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and OR give nearest town) / TOWN: Disp. USNAS, Patuxent, River, Md.
LENGTH OF STAY in this place: 2hrs 51 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) / OR TOWN: Lexington Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Stephen, (Middle) Charles, (Last) Arthur

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 29 1950

9. AGE last birthday: yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours 2, Min. 51

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): NAS, Patuxent River, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Clyde Stevon Arthur

14. MOTHER'S MAIDEN NAME: Shirley Maria Chay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Clyde Stevon Arthur, NAS Patuxent River, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
768.5	Immediate cause	(a) Asphyxia	20 Min.
159	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	3 hours
		(c) Sepsis	3 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 0209, 7, 29 1950, to 0500, 7, 29 1950, that I last saw the deceased alive on 7, 29, 1950, and that death occurred at 0500 a.m., from the causes and on the date stated above.

SIGNATURE: D.M. Shook (Degree or title) ADDRESS DATE SIGNED

D.M. Shook, M.D. 7-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-2-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 8/1/50 | REGISTRAR'S SIGNATURE: Cavaliers | 24. FUNERAL DIRECTOR: A.B. Robinson | ADDRESS: Leonardtown, Md.

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AUG 3 1950
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07489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH· COUNTY: ST. MARYS — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN — LENGTH OF STAY (in this place): 5 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PEARSON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): R.F. D# 2

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) MARTHA	(Last) STONE	4. DATE OF DEATH	(Month) JULY	(Day) 27	(Year) 1950
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH: MAY 29 1868	9. AGE last birthday: 82 yrs.	If under 1 year: Months 2	Days 28	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY: FORSELF	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: MOSES THOMPSON	14. MOTHER'S MAIDEN NAME: Mary Martha Radford						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) NO	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: ERNEST STONE PARKHALL Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral hemmorrhage	3 days
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	20 yrs
		(c) Arterial sclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1950, to July 27, 1950 that I last saw the deceased alive on July 26, 1950, and that death occurred at 3:15A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm D Boyd	MD	Leonardtown	7/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JULY 29 1950	ST. ALOYSIUS (NEW)	LEONARDTOWN	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/50	Camalier	JOS. C. MATTINGLEY	LEONARDTOWN, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 31 1980
BUREAU U. S.

07490

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) AMELIA (Middle) STAUFFER (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) 7- (Day) 17- (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-8-875
9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Moses Stauffer
14. MOTHER'S MAIDEN NAME Sybilla Stahl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harvey Zimmerman Loveville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2½ days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July 17, 1950, that I last saw the deceased alive on July 16, 1950, and that death occurred at 12 M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gruther, MD ADDRESS Mechanicsville DATE SIGNED 7/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-20-50
NAME OF CEMETERY OR CREMATORY Stauffer Mennite
LOCATION (City, town, or county) (State) Loveville Md.

DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE Carmalee
24. FUNERAL DIRECTOR P.B. Robinson
ADDRESS Leonardtown Md.

VS. A15

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